

ORIGINALAO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

①

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREVERLIN ALEXANDER

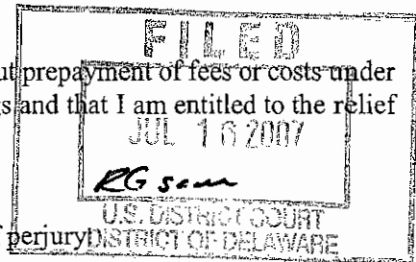
Plaintiff

V.
RUTH ANN MINNER, GOVERNOR
CARL DANBERG, ATTORNEY GENERAL
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 07-443

07-41

I, VERLIN ALEXANDER declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTERInmate Identification Number (Required): SBI # 098778Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. OCTOBER 2006, \$300.00 WK., BURGER KING, FRANKFURT + ROBINS AVE., PHILA, PA. 19124

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	• • Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	• • Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	• • Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	• • Yes	<input checked="" type="checkbox"/> No
f. Any other sources	• • Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts?

• • Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

CRYSTAL SMITH, WIFE-TO-BE

I K, SON

\$/ 300.00 WK

I declare under penalty of perjury that the above information is true and correct.

JANUARY 17, 2007
DATE

Urbair Alyson
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORIGINAL

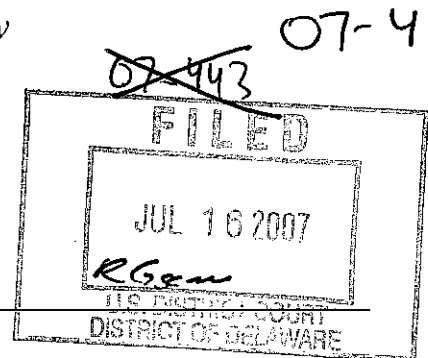
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Verlin Alexander SBI#: 098778

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: June 15, 2007



Attached are copies of your inmate account statement for the months of December, 2006 to May 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>
<u>March</u>	<u>0</u>
<u>April</u>	<u>0</u>
<u>May</u>	<u>0</u>

Average daily balances/6 months: 0

Attachments

CC: File

Stacy Shane
6/15/07

Janette L. Davis
6/15/07

Individual Statement - No Transactions This Month

Date Printed: 6/15/2007

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For Month of December 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00098778	ALEXANDER	VERLIN	J		
Current Location:	PT				

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

Individual Statement - No Transactions This Month

Date Printed: 6/15/2007

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For Month of February 2007

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00098778	ALEXANDER	VERLIN	J		
Current Location: PT					

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

Individual Statement - No Transactions This Month

Date Printed: 6/15/2007

Page 1 of 1

For Month of March 2007

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00098778	ALEXANDER	VERLIN	J		
Current Location:	PT				

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			\$0.00			
Total Amount Currently on Non-Medical Hold:			\$0.00			

TIME: VERLIN ALOX ANDER
 PRETRIAL ANDER
 098778
 DELAWARE CORRECTIONAL CENTER
 1181 PADDOCK ROAD
 SMYRNA, DELAWARE 197801
 WILMINGTON, DE 19801

TO: THE UNITED STATES DISTRICT COURT
 DISTRICT OF DELAWARE, LOCK BOX 18
 OFFICE OF THE CLERK
 844 NORTH KING STREET
 WILMINGTON, DELAWARE
 19801

